

The Ohio Society of Health-System Pharmacists (OSHP)

Position Statement on Pain Management

Background:

Millions of Americans suffer from pain, both acute and chronic, each year. Pain is associated with many diseases and conditions and is a major burden on society. For further information on pain statistics, management and education, please visit <http://www.painmed.org/>. Although many treatments are utilized in the treatment of pain, often analgesic therapy is the cornerstone for effective pain control. The Ohio Society of Health System Pharmacists supports the appropriate treatment of pain in both cancer and non-cancer patients whether the pain is acute or chronic in nature. It further supports educational efforts to overcome barriers in the management of pain.

Definitions:

- Pain – Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage¹.
- Acute pain - Pain associated with a specific injury to the body (nociceptive) that is usually easily identifiable, frequently expected (postoperative pain) and usually limited in time and location². It often serves a useful physiologic purpose by signaling a potentially serious disturbance in homeostasis¹. It may be mild, moderate or severe and is most often able to be controlled with analgesics.
- Chronic pain (benign or malignant) serves no useful physiologic purpose and does not necessarily yield to analgesic therapy alone.
 - Chronic Malignant Pain - Pain associated with a patient who is suffering from cancer. This pain can be a result of the cancer itself, radiation, chemotherapy, or other treatments or unrelated to any of the above.
 - Chronic Benign Pain - Pain which persists beyond the usual course of an acute disease or reasonable time for an injury to heal or a pain that recurs at intervals for months or years. The State Medical Board defines "Intractable pain" in their rules as "a state of pain that is determined, after reasonable medical efforts have been made to relieve the pain or cure its cause, to have a cause for which no treatment or cure is possible or for which none has

been found. "Intractable pain" does not include pain experienced by a patient with a terminal condition."³

- **Physical Dependence:** a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist⁴.
- **Tolerance:** a state of adaptation which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time⁴.
- **Addiction:** a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving⁴.
- **Pseudoaddiction:** is a term which has been used to describe patient behaviors that may occur when pain is under treated. Patients with unrelieved pain may become focused on obtaining medications, may "clock watch", and may otherwise seem inappropriately "drug seeking". Even such behaviors as illicit drug use and deception can occur in the patient's efforts to obtain relief. Pseudoaddiction can be distinguished from true addiction in that the behaviors resolve when pain is effectively treated⁴.

Role of Pharmacist:

Pharmacists should:

- advocate effective pain management among health care professionals and consumers to improve quality of life of pain patients.
- educate patients and care givers on various treatment options regarding pain management and especially medications used to treat pain so that they may participate in care decisions.
- actively participate in an interdisciplinary approach to pain management including pharmacy, nursing, psychology and medicine.
- encourage education to ensure proficiency in assessment and treatment of pain for pharmacists and other health care professionals.
- educate health care professionals, patients and families on the difference between addiction, pseudoaddiction and dependence and their relationship to medication management; alleviate fear of addiction as a barrier to medication prescribing and compliance; explain tolerance and its meaning in pain management treatments.

- promote the use of current literature recommendations for pain management, including nonopioids, opioids and adjuvant treatments (i.e. World Health Organization <WHO> analgesic ladder approach for cancer pain management).
- ensure patients prompt access to analgesic therapy.
- assure side effects to pharmacologic interventions are treated appropriately
- verify correct dose and dosing intervals of prescribed pharmacologic interventions
- monitor patient for the effectiveness of the treatment of pain and not hesitate to contact physician with such concerns and therapy recommendations.
- support legislation (ORC, OAC) that removes barriers and optimizing pain management and prescribing practices.

References

1. *APS 1992*
2. Stimmell, B d., Pain and its relief without addiction, clinical issues in the use of opioids and other analgesics. Binghamton, NY: Hawthorn Medical Press; 1997:p303.\
3. <http://www.state.oh.us/med/rules/4731-21.htm>
4. Consensus document from the American Academy of Pain Medicine, American Pain Society, American Society of Adiction Medicine 2001

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